



Facility Name & ID Number Graham Hospital

# 8000200 Report Period Beginning: 7/1/03 Ending: 6/30/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds NO CHANGE

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>32</u>	Skilled (SNF)	<u>32</u>	<u>11,712</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>22</u>	Intermediate (ICF)			3
4		Intermediate/DD	<u>22</u>	<u>8,052</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>54</u>	TOTALS	<u>54</u>	<u>19,764</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>623</u>	<u>632</u>	<u>7,977</u>	<u>9,232</u>	8
9	SNF/PED					9
10	ICF	<u>1,502</u>	<u>5,543</u>		<u>7,045</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>2,125</u>	<u>6,175</u>	<u>7,977</u>	<u>16,277</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.36%

D. How many bed-hold days during this year were paid by Public Aid?

NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?  
Date started 05/01/1987

J. Was the facility purchased or leased after January 1, 1978?  
YES ☐ Date \_\_\_\_\_ NO ☒

K. Was the facility certified for Medicare during the reporting year?  
YES ☒ NO ☐ If YES, enter number of beds certified 32 and days of care provided 6,194

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 6/30/04 Fiscal Year: 6/30/04

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Graham Hospital # 8000200 Report Period Beginning: 7/1/03 Ending: 6/30/04  
**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	219,289	171,145		390,434		390,434		390,434			1
2	Food Purchase		195,787		195,787		195,787		195,787			2
3	Housekeeping	1,766	1,389		3,155		3,155		3,155			3
4	Laundry	12,529	128,616		141,145		141,145		141,145			4
5	Heat and Other Utilities											5
6	Maintenance	132,164	237,602		369,766		369,766		369,766			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	365,748	734,539		1,100,287		1,100,287		1,100,287			8
	<b>B. Health Care and Programs</b>											
9	Medical Director											9
10	Nursing and Medical Records	1,521,334	120,289		1,641,623	(68,596)	1,573,027		1,573,027			10
10a	Therapy											10a
11	Activities											11
12	Social Services											12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*	66,750	16,965		83,715		83,715		83,715			15
16	<b>TOTAL Health Care and Programs</b>	1,588,084	137,254		1,725,338	(68,596)	1,656,742		1,656,742			16
	<b>C. General Administration</b>											
17	Administrative					68,596	68,596		68,596			17
18	Directors Fees											18
19	Professional Services											19
20	Dues, Fees, Subscriptions & Promotions											20
21	Clerical & General Office Expenses	205,047	199,776		404,823	(29,646)	375,177		375,177			21
22	Employee Benefits & Payroll Taxes			428,695	428,695		428,695		428,695			22
23	Inservice Training & Education											23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			149,213	149,213		149,213		149,213			26
27	Other (specify):*											27
28	<b>TOTAL General Administration</b>	205,047	199,776	577,908	982,731	38,950	1,021,681		1,021,681			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,158,879	1,071,569	577,908	3,808,356	(29,646)	3,778,710		3,778,710			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			127,207	127,207		127,207	263,020	390,227			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			127,207	127,207		127,207	263,020	390,227			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					29,646	29,646		29,646			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					29,646	29,646		29,646			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,158,879	1,071,569	705,115	3,935,563		3,935,563	263,020	4,198,583			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.  
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	263,020	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 263,020		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the  
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ 263,020		37

\*These costs are only allowable if they are necessary to meet minimum  
licensing standards. Attach a schedule detailing the items included  
on these lines.

C. Are the following expenses included in Sections A to D of pages 3  
and 4? If so, they should be reclassified into Section E. Please  
reference the line on which they appear before reclassification.  
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Graham Hospital

ID# 8000200

Report Period Beginning: 7/1/03

Ending: 6/30/04

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

## Summary A

6/30/04

[illegible]

## Summary B

6/30/04

[illegible]



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
GRAHAM HOSPITAL ASSOCIATION	100	NONE				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

X NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1  Name	2  Title	3  Function	4  Ownership Interest	5  Compensation Received From Other Nursing Homes*	6  Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7  Compensation Included in Costs for this Reporting Period**		8  Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NOT APPLICABLE								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

**Ending: 6/30/04**

	1 Schedule V Line Reference	2  Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4  Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8  Facility Units	9  Allocation (col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6													6
7													7
8													8
9	TOTAL Facility Related						\$					\$	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$	14
15	TOTALS (line 9+line14)						\$					\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Line #

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2003 report.				\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
<b>TOTAL REFUND</b> \$ <b>For</b> <b>Tax Year.</b> <b>(Attach a copy of the real estate tax appeal board's decision.)</b>				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999		8	
		2000		9	
		2001		10	
		2002		11	
		2003		12	
				13	FOR OHF USE ONLY
				13	FROM R. E. TAX STATEMENT FOR 2003    \$                      13
				14	PLUS APPEAL COST FROM LINE 5                      \$                      14
				15	LESS REFUND FROM LINE 6                      \$                      15
				16	AMOUNT TO USE FOR RATE CALCULATION \$                      16

- NOTES:
1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates     **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME Graham Hospital COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 8000200

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
<b>TOTALS</b>		\$	\$

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	ECF/SNF	16,668	VARIOUS	\$ 22,356	1
2					2
3	TOTALS	16,668		\$ 22,356	3

Facility Name &amp; ID Number    Graham Hospital

#    8000200

Report Period Beginning:

7/1/03

Ending:

6/30/04

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			1971		\$ 1,047,221	\$		\$	\$	1,047,221	4
5			1972		866					866	5
6			1975		30,771					30,771	6
7			1976		1,880					1,880	7
8			1977		1,331,168	29,232	VARIOUS	29,232		976,772	8
	<b>Improvement Type**</b>										
9	Various Building Improvements			1978	187,881					187,881	9
10				1980	2,093					2,093	10
11				1982	5,227					5,227	11
12				1984	1,169,963	29,168	VARIOUS	29,168		862,184	12
13				1985	34,258	1,713	VARIOUS	1,713		33,401	13
14				1987	89,317	1,683	VARIOUS	1,683		83,819	14
15				1988	52,287	70	VARIOUS	70		51,867	15
16				1990	28,254	368	VARIOUS	368		27,983	16
17				1991	125,804	6,364	VARIOUS	6,364		103,103	17
18				1992	16,693	787	VARIOUS	787		15,558	18
19				1993	19,686	837	VARIOUS	837		12,524	19
20				1994	76,132	3,273	VARIOUS	3,273		64,388	20
21				1995	32,594	1,493	VARIOUS	1,493		29,551	21
22				1996	47,691	4,121	VARIOUS	4,121		40,310	22
23				1997	24,479	1,778	VARIOUS	1,778		18,962	23
24				1998	26,173	1,525	VARIOUS	1,525		16,561	24
25				1999	11,097	608	VARIOUS	608		3,345	25
26				2000	800,069	53,938	VARIOUS	53,938		242,722	26
27	PROJ.99.07 HOT WATER SYSTEM-ASBESTOS ABATEMENT			2001	9,908	661	15	661		2,312	27
28	PROJ 99.08 BOILER REPLACEMENT-REPAIR FLOOR			2001	780	78	10	78		273	28
29	PROJ 99.08 BOILER REPLACEMENT-ASBESTOS ABATEMENT			2001	24,551	1,637	15	1,637		5,729	29
30	PROJ 99.08 BOILER REPLACEMENT-OIL TANK ABANDONMENT			2001	5,052	1,010	5	1,010		3,536	30
31	PROJ 99.08 BOILER REPLACEMENT-ARCHITECT FEES			2001	942	63	15	63		220	31
32	PROJ 99.09 RENOVATION OF OB DEPT			2001	5,333	356	15	356		1,245	32
33	PROJ 99.09 RENOVATION OF OB DEPT-NEW CEILING			2001	1,580	197	8	197		691	33
34	PROJ 99.09 RENOVATION OF OB DEPT-RICKARD'S PROF SE			2001	8,128	542	15	542		1,897	34
35	PROJ 00.05 RENOVATION OF LAB			2001	2,149	143	15	143		501	35
36	PROJ 00.06 ADD VENDING MACHINES TO COFFE SHOP AREA			2001	1,848	123	15	123		431	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



Facility Name &amp; ID Number    Graham Hospital

#    8000200

Report Period Beginning:

7/1/03

Ending:

6/30/04

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	PROJ 00.06 BIRCH DOOR FOR VENDING MACHINE AREA	2001	\$ 177	\$ 12	15	\$ 12	\$	\$ 42	37
38	PROJ 00.09 MOVE CASTLE STERILIZER	2001	1,826	122	15	122		426	38
39	PROJ 00.09 MOVE CASTLE STERILIZER-RENOVATE ROOM	2001	650	43	15	43		151	39
40	PROJ 00.10 RENOVATE ROOM FOR NEW GE CT SCAN-INST	2001	658	66	10	66		230	40
41	PROJ 00.10 REPAIR ROOM FOR NEW GE CT SCAN & INSTA	2001	4,574	457	10	457		1,600	41
42	PROJ 00.12 RENOVATION OF PT- ARCHITECT FEES	2001	369	25	15	25		87	42
43	PROJ 00.12 RENOVATION OF PT- INTERIOR LOUVER DOO	2001	2,023	135	15	135		472	43
44	PROJ 00.12 RENOVATION OF PT- CEILING TILE	2001	2,334	233	10	233		817	44
45	PROJ 00.12 RENOVATION OF PT- GLASS BLOCK WALL	2001	1,588	106	15	106		371	45
46	PROJ 00.12 RENOVATION OF PT- PROF SERV-RICKARDS	2001	14,824	988	15	988		3,459	46
47	PROJ 00.12 RENOVATION OF PT-PAINT,WALLPAPER,BLIN	2001	1,427	285	5	285		999	47
48	PROJ 00.12 RENOVATION OF PT-SUPPLIES, RUBBISH REM	2001	7,438	496	15	496		1,736	48
49	PROJ 00.12 RENOVATION OF PT-INSTALL VINYL BASE	2001	5,799	580	10	580		2,030	49
50	PROJ 01.01 INSTALL GLASS PARTITION FOR ER NURSE	2001	1,982	132	15	132		462	50
51	REMOVE AND REPLACE ROOF 1925 BUILDING	2001	6,592	659	10	659		1,813	51
52	PROJ. 01.08 MAPLE STREET PATIO--LANDSCAPING	2002	11,778	2,356	5	2,356		5,889	52
53	PROJ. 01.08 MAPLE ST. PATIO--SMOKING SHELTER/INSTA	2002	7,129	475	15	475		1,188	53
54	PROJ. 01.08 MAPLE ST PATIO--PROF SERVICES JIM RICK	2002	1,494	100	15	100		249	54
55	PROJ. 01.08 MAPLE ST. PATIO	2002	409	41	10	41		102	55
56	PROJ. 01.08 MAPLE ST PATIO--HANDSRAIL, STEPS, FOUN	2002	2,565	171	15	171		428	56
57	PROJ. 01.11 RADIOLOGY RM 5 RENO--ARCHITECT FEES	2002	2,836	189	15	189		473	57
58	PROJ 01.11 RADIOLOGY RM 5 RENO-PROF SERVICES RICK	2002	828	55	15	55		138	58
59	PROJ 01.12 SON RENO--CEILING TILE	2002	1,077	135	8	135		337	59
60	PROJ 01.12 SON RENO--RENOVATION	2002	2,595	260	10	260		649	60
61	PROJ. 01.12 SON RENO--PROFESSIONAL FEES J. RICKARD	2002	5,795	386	15	386		966	61
62	PROJ. 01.12 SON RENO--FLOOR TILE	2002	1,150	57	20	57		143	62
63	PROJ 02.02 ADMIN OFFICE RENO--CARPET AND PAINT	2002	4,899	980	5	980		2,450	63
64	PROJ. 02.02 ADMIN OFFICE RENO--CEILING TILE	2002	773	97	8	97		242	64
65	PROJ. 02.02 ADMIN OFFICE RENO--RENOVATION	2002	1,211	121	10	121		303	65
66	PROJ. 02.02 ADMIN OFFICE RENO--ARCHITECT FEES	2002	606	40	15	40		101	66
67	PROJ. 02.02 ADMIN OFFICE RENO--PROF FEES J. RICKAR	2002	2,353	157	15	157		392	67
68	PROJ. 02.05 LAB RENO--COUNTER TOPS	2002	523	35	15	35		87	68
69	PROJ 02.04 FIRE CAULKING-- FIRE CAULKING & FIRE ST	2002	2,130	426	5	426		1,065	69
70	TOTAL (lines 4 thru 69)		\$ 5,324,287	\$ 152,188		\$ 152,188	\$	\$ 3,905,721	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,324,287	\$ 152,188		\$ 152,188	\$	\$ 3,905,721	1
2	PROJ 02.04 FIRE CAULKING--TILE	2002	564	71	8	71		177	2
3	PROJ 02.04 FIRE CAULKING	2002	5,194	346	15	346		865	3
4	PROJ 02.04 FIRE CAULKING BRASS ANGLE HOSE VALVES,	2002	673	27	25	27		67	4
5	PROJ 02.07 RELOCATE HOME HEALTH--RENOVATION OF	2002	770	154	5	154		385	5
6	PROJ 02.07 RELOCATE HOME HEALTH--INSTALLATION O	2002	1,007	201	5	201		503	6
7	PROJ 02.07 RELOCATE HOME HEATLH--RENOVATION OF	2002	431	29	15	29		72	7
8	PROJ 02.07 RELOCATE HOME HEALTH--REPLACE DRAIN	2002	648	32	20	32		81	8
9	PROJ 02.08 RENOVATE ORTHOPEDIC OFFICE AREA	2002	498	33	15	33		83	9
10	TUCKPOINT AND SEAL '68 BUILDING	2002	29,498	1,475	20	1,475		3,687	10
11	AUTOMATIC DOORS FOR EMERGENCY DEPT	2002	2,354	235	10	235		588	11
12	01.07 MRI PROJ--PAINT, ETC.	2002	171	34	5	34		85	12
13	01.07 MRI PROJ--PROF SERV BISHOP BROS	2002	215,787	14,386	15	14,386		35,965	13
14	01.07 MRI PROJ--PROF SERV PHILLIPS SWAGER	2002	23,367	1,558	15	1,558		3,895	14
15	01.07 MRI PROJ--PROF SERV RICKARD'S	2002	1,751	117	15	117		292	15
16	01.07 MRI PROJ--CEMENT CYLINDERS, DOOR CLOSURE	2002	820	55	15	55		137	16
17	01.04 LOBBY/ATRIUM RENOVATION--PAINT, ETC.	2002	335	67	5	67		167	17
18	01.04 LOBBY/ATRIUM RENOVATION--CEILING TILE AND C	2002	1,967	246	8	246		615	18
19	01.04 LOBBY/ATRIUM RENOVATION--SIGNS, THERMOSTA	2002	1,467	147	10	147		343	19
20	01.04 LOBBY/ATRIUM RENOVATION--PROF SERV BISHOP	2002	197,835	13,189	15	13,189		32,972	20
21	01.04 LOBBY/ATRIUM RENOVATION--PROF SERV PHILLIP	2002	21,155	1,410	15	1,410		3,525	21
22	01.04 LOBBY/ATRIUM RENOVATION--PROF SERV RICKAR	2002	3,742	249	15	249		623	22
23	01.04 LOBBY/ATRIUM RENOVATION--RENOVATION	2002	203	14	15	14		34	23
24	01.04 LOBBY/ATRIUM RENOVATION--WASTE RECEPTACL	2002	946	63	15	63		158	24
25	01.04 LOBBY/ATRIUM RENOVATION--MAIL ROOM RENOV	2002	1,624	108	15	108		270	25
26	01.04 LOBBY/ATRIUM RENOVATION--REPAIR FLASHINGS	2002	2,627	175	15	175		438	26
27	01.04 LOBBY/ATRIUM RENOVATION--REMOVE TILE GROU	2002	1,165	58	20	58		145	27
28	01.04 LOBBY/ATRIUM RENOVATION--CABLE	2002	1,267	63	20	63		158	28
29	01.04 LOBBY/ATRIUM RENOVATION--PROF SERV BISHOP	2002	11,630	582	20	582		1,454	29
30	01.04 LOBBY/ATRIUM RENOVATION--RENOVATION	2002	317	16	20	16		40	30
31	PROJ 01.04 LOBBY/ATRIUM RENOVATION--AXIA-JONESM	2002	1,032	69	15	69		172	31
32	LOADING DOCK DOORS	2003	1,151	115	10	115		173	32
33	RE ROOF '59 BUILDING	2003	6,162	616	10	616		924	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,862,445	\$ 188,128		\$ 188,128	\$	\$ 3,994,814	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,862,445	\$ 188,128		\$ 188,128	\$	\$ 3,994,814	1
2	<u>FIRE RATED DOORD (2)</u>	2003	1,471	74	20	74		111	2
3	<u>PROJ 01.04 LOBBY/ATRIUM RENOVATION PROF SERV BIS</u>	2003	15,752	1,050	15	1,050		1,575	3
4	<u>PROJ 01.04 LOBBY/ATRIUM RENOVATION PROF SERV PHI</u>	2003	6,777	452	15	452		678	4
5	<u>PROJ 01.06 ACUTE CARE RENOVATION PAINT, WATER DI</u>	2003	1,266	253	5	253		380	5
6	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RICKA</u>	2003	10,789	1,349	8	1,349		2,023	6
7	<u>PROJ 01.06 ACUTE CARE RENOVATION FLOOR TILES</u>	2003	3,888	389	10	389		583	7
8	<u>PROJ 01.06 ACUTE CARE RENOVATION SIGNAGE</u>	2003	1,015	102	10	102		153	8
9	<u>PROJ 01.06 ACUTE CARE RENOVATION THERMOSTATS,LI</u>	2003	3,320	332	10	332		498	9
10	<u>PROJ 01.06 ACUTE CARE RENOVATION BUILDING MATER</u>	2003	13,366	891	15	891		1,337	10
11	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RICKA</u>	2003	46,648	3,110	15	3,110		4,665	11
12	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV SIMPS</u>	2003	1,002	67	15	67		100	12
13	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV BALAC</u>	2003	3,236	216	15	216		324	13
14	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV G-M M</u>	2003	203	14	15	14		21	14
15	<u>PROJ 01.06 ACUTE CARE RENOVATION OAK DOORS</u>	2003	1,711	114	15	114		171	15
16	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV J A SE</u>	2003	3,141	157	20	157		236	16
17	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV RKE</u>	2003	13,283	664	20	664		996	17
18	<u>PROJ 01.07 MRI PROJECT ADDL SUPPLIES</u>	2003	489	33	15	33		49	18
19	<u>PROJ 02.04 FIRE CAULKING</u>	2003	582	39	15	39		58	19
20	<u>PROJ 02.05 LAB RENOVATION PROF SERV RICKARD'S</u>	2003	303	30	10	30		45	20
21	<u>PROJ 02.14 HOT WATER HEATER ASBESTOS ABATEMENT</u>	2003	2,112	211	10	211		317	21
22	<u>PROJ 02.14 HOT WATER HEATER PROF SERV RICKARD'S</u>	2003	750	50	15	50		75	22
23	<u>PROJ 02.15 LOBBY ENTRANCE PROF SERV KEMPER CONS</u>	2003	53,914	3,594	15	3,594		5,391	23
24	<u>PROJ 02.15 LOBBY ENTRANCE PROF SERV PHILLIPS SWA</u>	2003	362	24	15	24		36	24
25	<u>PROJ 02.15 LOBBY ENTRANCE SIGNAGE</u>	2003	201	20	10	20		30	25
26	<u>PROJ 02.16 RADIOLOGY RENOVATION CARPET</u>	2003	1,607	321	5	321		482	26
27	<u>PROJ 02.16 RADIOLOGY RENOVATION PROF SERV RICKA</u>	2003	3,018	201	15	201		302	27
28	<u>PROJ 02.16 RADIOLOGY RENOVATION PAINTING, MATER</u>	2003	521	35	15	35		52	28
29	<u>PROJ 02.18 DISH ROOM CEILING, WALL WORK</u>	2003	1,662	208	8	208		312	29
30	<u>PROJ 01.06 ACUTE CARE RENOVATION PROF SERV AXIA ,</u>	2003	115,966	7,731	15	7,731		11,597	30
31	<u>PROJ 01.06 ACUTE CARE RENO IDPH REVIEW FEE</u>	2003	4,181	279	15	279		418	31
32	<u>PROJ 01.06 ACUTE CARE RENO PROF SERV PHILLIPS SWA</u>	2003	10,143	676	15	676		1,014	32
33	<u>PROJ 01.06 ACUTE CARE RENO PROF SERV RICKARD'S</u>	2003	672	45	15	45		67	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,185,796	\$ 210,859		\$ 210,859	\$	\$ 4,028,910	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 6,185,796	\$ 210,859		\$ 210,859	\$	\$ 4,028,910	1
2	PROJ 01.06 ACUTE CARE RENO LINTELS FOR HR MOVE BI	2003	2,069	138	15	138		207	2
3	PROJ 01.06 ACUTE CARE RENO CARPET	2003	5,390	1,078	5	1,078		1,617	3
4	PROJ 01.06 ACUTE CARE RENO ASBESTOS ABATEMENT	2003	3,776	252	15	252		378	4
5	PROJ 01.06 ACUTE CARE RENO CEILING TILE	2003	6,388	799	8	799		1,198	5
6	PROJ 01.06 ACUTE CARE RENO RUBBISH REMOVAL	2003	3,855	257	15	257		386	6
7	PROJ 01.06 ACUTE CARE RENO DRYWALL	2003	4,233	282	15	282		423	7
8	BOILER ROOM ROOFS	2004	8,758	438	10	438		438	8
9	XRAY ATRIUM ROOF REPAIR	2004	1,271	64	10	64		64	9
10	PROJ 02.14 HOT WATER SYSTEM ASBESTOS ABATEMENT	2004	836	28	15	28		28	10
11	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-FLOOR	2004	886	89	5	89		89	11
12	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	4,989	312	8	312		312	12
13	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	16,108	1,007	8	1,007		1,007	13
14	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	978	61	8	61		61	14
15	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-LIGHT I	2004	617	31	10	31		31	15
16	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-LIGHTS	2004	3,739	187	10	187		187	16
17	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-T-8 LAY	2004	618	21	15	21		21	17
18	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-MATER	2004	704	23	15	23		23	18
19	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-POUR C	2004	797	27	15	27		27	19
20	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-CEILING	2004	910	23	20	23		23	20
21	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-ELECTR	2004	974	24	20	24		24	21
22	PROJ 02.17 FLOOR CEILING TILE REPLACEMENT-REPLAC	2004	111	2	25	2		2	22
23	PROJ 03.02 2E RENO-LOCKS, PAINTING WALLCOVERING	2004	1,279	128	5	128		128	23
24	PROJ 03.02 2E RENO-CARPET	2004	862	86	5	86		86	24
25	PROJ 03.02 2E RENO-CEILING TILE CROSS T'S	2004	2,018	126	8	126		126	25
26	PROJ 03.02 2E RENO-WINDOWS, COVE BASE, FLOOR TILE	2004	1,508	75	10	75		75	26
27	PROJ 03.02 2E RENO-REUPHOLSTER FURNITURE	2004	1,203	50	12	50		50	27
28	PROJ 03.02 2E RENO-DRYWALL	2004	4,131	138	15	138		138	28
29	PROJ 03.02 2E RENO-COUNTER CABINET NURSE'S STATIO	2004	2,746	92	15	92		92	29
30	PROJ 03.02 2E RENO-CABLE	2004	421	11	20	11		11	30
31	PROJ 03.02 2E RENO-PLUMBING	2004	538	13	20	13		13	31
32	PROJ 03.03 LIFE SAFETY-FIRE CAULKING	2004	1,099	110	5	110		110	32
33	PROJ 03.03 LIFE SAFETY-PAINTING, MATERIALS	2004	3,770	377	5	377		377	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,273,378	\$ 217,208		\$ 217,208	\$	\$ 4,036,662	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 6,273,378	\$ 217,208		\$ 217,208	\$	\$ 4,036,662	1
2	PROJ 03.03 LIFE SAFETY-CEILING REPLACEMENT	2004	21,677	1,355	8	1,355		1,355	2
3	PROJ 03.03 LIFE SAFETY-LIGHT TENTING	2004	1,783	111	8	111		111	3
4	PROJ 03.03 LIFE SAFETY-LIGHTING, FIRE DAMPERS	2004	12,021	601	10	601		601	4
5	PROJ 03.03 LIFE SAFETY-CONSTRUCTION LABOR, MATERI	2004	70,053	2,335	15	2,335		2,335	5
6	PROJ 03.03 LIFE SAFETY-FIRE RATED DOORS, GATES	2004	4,028	101	20	101		101	6
7	PROJ 03.03 LIFE SAFETY-DIFFUSERS/DAMPERS	2004	7,458	149	25	149		149	7
8	PROJ 03.05 PACS SYSTEM-WIRING SUPPLIES, GIG SWITCH	2004	2,367	59	20	59		59	8
9	PROJ 03.06 SLEEP STUDY ROOM CONSTRUCTION-PAINT, C	2004	1,205	121	5	121		121	9
10	PROJ 03.06 SLEEP STUDY RM CONSTRUCT-LOCKS	2004	478	24	10	24		24	10
11	PROJ 03.08 LAB RENO	2004	210,886	7,030	15	7,030		7,030	11
12	PROJ 03.08 LAB RENO-FLAD ARCHITECT SERVICES	2004	24,183	806	15	806		806	12
13	PROJ 03.08 LAB RENO-CONSULTATION MARTHA ROBBINS	2004	749	25	15	25		25	13
14	PROJ 03.08 LAB RENO-PLUMBING, DUCTWORK	2004	2,628	66	20	66		66	14
15	PROJ 03.08 LAB RENO-INSULATION REPLACE AROUND DU	2004	1,102	22	25	22		22	15
16	PROJ 03.08 LAB RENO-REBUILD MOVE VENT LINES	2004	490	16	15	16		16	16
17	PROJ 03.09 PATIENT REGIS RENO-CARPET, PAINT	2004	948	95	5	95		95	17
18	PROJ 03.09 PATIENT REGIS RENO-CEILING TILE	2004	2,707	169	8	169		169	18
19	PROJ 03.09 PATIENT REGIS RENO-SIGNAGE, LIGHTING, F	2004	1,565	78	10	78		78	19
20	PROJ 03.09 PATIENT REGIS RENO-DRYWALL, DOORS, FRA	2004	5,716	191	15	191		191	20
21	PROJ 03.10 SON RENO-PAINT, CARPET	2004	2,088	209	5	209		209	21
22	PROJ 03.10 SON RENO - CEILING INSTALL	2004	5,057	316	8	316		316	22
23	PROJ 04.01 WINDOW '59 BLDG-REPLACE AND INSTALL	2004	14,385	480	15	480		480	23
24	PROJ 04.03 HR OFFICE RENO-PAINT, CARPET, DRYWALL,	2004	1,299	43	15	43		43	24
25	PROJ 04.06 MEDICAL RECORDS-PAINT, CARPET, BLINDS	2004	4,206	421	5	421		421	25
26	PROJ 04.06 MEDICAL RECORDS-CEILING REPLACEMENT	2004	3,824	239	8	239		239	26
27	PROJ 04.06 MEDICAL RECORDS-LIGHT FIXTURES, COVE I	2004	989	49	10	49		49	27
28	PROJ 04.06 MEDICAL RECORDS-PVC VENT, DUCTS, RETUI	2004	790	20	20	20		20	28
29	VARIOUS	1971	664,490		VARIOUS			664,490	29
30	VARIOUS	1977	1,416,541		VARIOUS			1,416,541	30
31	VARIOUS	1983	114,728		VARIOUS			114,728	31
32	VARIOUS	1984	1,563,992	26,690	VARIOUS	26,690		1,550,714	32
33	VARIOUS	1986	2,699	135	VARIOUS	135		2,490	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,440,510	\$ 259,164		\$ 259,164	\$	\$ 7,800,756	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

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Report Period Beginning:

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 10,440,510	\$ 259,164		\$ 259,164	\$	\$ 7,800,756	1
2	VARIOUS	1987	288,451	10,579	VARIOUS	10,579		284,688	2
3	VARIOUS	1988	14,506	529	VARIOUS	529		12,255	3
4	VARIOUS	1989	11,786	22	VARIOUS	22		11,786	4
5	VARIOUS	1990	13,887	731	VARIOUS	731		13,487	5
6	VARIOUS	1991	19,754	232	VARIOUS	232		18,068	6
7	VARIOUS	1992	27,624	543	VARIOUS	543		25,626	7
8	VARIOUS	1993	24,397	901	VARIOUS	901		19,320	8
9	VARIOUS	1994	100,225	5,166	VARIOUS	5,166		71,695	9
10	VARIOUS	1995	17,749	998	VARIOUS	998		10,886	10
11	VARIOUS	1996	35,145	2,903	VARIOUS	2,903		28,454	11
12	VARIOUS	1997	91,231	8,928	VARIOUS	8,928		67,328	12
13	VARIOUS	1998	53,343	3,761	VARIOUS	3,761		24,853	13
14	VARIOUS	1999	46,312	4,292	VARIOUS	4,292		24,303	14
15	VARIOUS	2000	17,185	1,470	VARIOUS	1,470		6,615	15
16	SEDIMENT FILTERS FOR PT DEPARTMENT	2001	944	94	10	94		330	16
17	PROJ 99.07 DOMESTIC HOT WATER-INSTALL WATER HEA	2001	26,002	2,600	10	2,600		9,100	17
18	PROJ 99.08 BOILER REPLACEMENT-BOILERS & INSTALLA	2001	6,093	305	20	305		1,067	18
19	PROJ 99.08 BOILER REPLACEMENT-UNDERGROUND PROJ	2001	1,743	87	20	87		305	19
20	PROJ 99.08 BOILER REPLACEMENT-LPG TANK & INSTALI	2001	4,226	211	20	211		739	20
21	PROJ 99.08 BOILER REPLACEMENT-THOMAS PLUMBING I	2001	215,434	10,772	20	10,772		37,701	21
22	PROJ 99.08 BOILER REPLACEMENT-CHAIN LINK FENCE A	2001	575	58	10	58		202	22
23	PROJ 99.08 BOILER REPLACEMENT-THOMAS PLUMBING I	2001	13,481	674	20	674		2,359	23
24	PROJ 98.10 BOILER STUDY--PROF SERV/PHILLIPS SWAGEI	2001	1,389	93	15	93		325	24
25	PROJ 00.10 RENOVATE FOR NEW GE CT SCAN-INSTALL C	2001	10,183	1,018	10	1,018		3,564	25
26	PROJ 00.12 RENOVATE PT-ELECTRIC & DUCTWORK	2001	2,511	126	20	126		440	26
27	PROJ 00.12 RENOVATE PT-REPLACE IRON PIPE	2001	1,606	80	20	80		281	27
28	PUMP W/DISCHARGE HEAD & 20 HP MOTOR	2001	3,014	301	10	301		1,054	28
29	AIR CONDITION SURGERY UNITS 4 & 6	2001	7,620	762	10	762		2,667	29
30	2 TON CARRIER MULTI SPLIT A/C SYSTEM FINANCE/ACC	2001	19,738	1,974	10	1,974		6,908	30
31	EXHAUST SYSTEM/WASTE STORAGE ROOM	2001	774	52	15	52		181	31
32	AIR CONDITION DIALAYSIS	2001	8,545	855	10	855		2,991	32
33	A/C CONTROLLER	2001	1,084	108	10	108		379	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,527,067	\$ 320,389		\$ 320,389	\$	\$ 8,490,713	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name &amp; ID Number    Graham Hospital

#    8000200

Report Period Beginning:

7/1/03

Ending:

6/30/04

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 11,527,067	\$ 320,389		\$ 320,389	\$	\$ 8,490,713	1
2	AIR CONDITION SURGERY UNITS 4 & 6	2001	8,842	884	10	884		3,094	2
3	CARRIER 30GNT025 AIR CONDITIONER	2001	9,233	923	10	923		3,231	3
4	AIR CONDITION DIALYSIS	2001	10,019	1,002	10	1,002		3,507	4
5	COMPRESSOR W/ MONITORS FOR MEDICAL AIR SYSTEM	2001	7,603	507	15	507		1,774	5
6	DEMOLITION/TREE REMOVAL AT 304 S. AVE. B, 274 W. W	2001	6,453	645	10	645		2,258	6
7	PROJ 99.09 RENOVATE OB DEPT-NURSE CALL SYSTEM	2001	1,875	188	10	188		657	7
8	PROJ 99.09 RENOVATE OB DEPT-CAN LIGHTS	2001	449	45	10	45		157	8
9	PROJ 99.09 RENOVATE OB DEPT-COUNTER TOPS	2001	796	53	15	53		186	9
10	PROJ 99.09 RENOVATE OB DEPT-CABINETS	2001	1,204	80	15	80		281	10
11	PROJ 99.09 RENOVATE OB DEPT-REPLACE 2 SITZ BATHS W	2001	2,845	190	15	190		664	11
12	PROJ 00.05 RENOVATE LAB--CABINETS/COUNTERTOPS	2001	2,705	180	15	180		631	12
13	PROJ 00.10 RENOVATE FOR NEW GE CT SCAN-LIGHT FIXTU	2001	344	34	10	34		120	13
14	PROJ 00.12 RENOVATION OF PT-LIGHT FIXTURES	2001	2,392	239	10	239		837	14
15	PROJ 00.12 RENOVATION OF PT-RESTROM LAV, SINKS	2001	1,524	76	20	76		267	15
16	PROJ 00.12 RENOVATION OF PT-WHITE BAY CASEWORK	2001	2,422	161	15	161		565	16
17	PROJ 00.12 RENOVATION OF PT-MASTER KEYING,EXIT	2001	1,166	78	15	78		272	17
18	PROJ 00.12 RENOVATION OF PT-NURSES STATION	2001	2,822	188	15	188		658	18
19	PROJ 00.12 RENOVATION OF PT-AMPLIFIER & SPEAKER	2001	373	37	10	37		130	19
20	PROJ. 01.12 SON RENOVATION--LOCKS	2002	920	184	5	184		460	20
21	PROJ. 02.06 BLACKTOP ALLEY--BLACKTOP ALLEY BY S. P	2002	3,288	411	8	411		1,028	21
22	DEMOLITION OF ONE HOUSE MAPLE ST, ONE HOUSE AVE B	2002	6,515	326	20	326		815	22
23	01.07 MRI PROJ--LANDSCAPING	2002	1,165	233	5	233		583	23
24	01.07 MRI PROJ--LANDSCAPING/FLAG POLE	2002	758	38	20	38		95	24
25	PROJ 01.11 RADIOLOGY RM 5 RENO--ELECTRICAL WIRING	2002	1,607	80	20	80		201	25
26	PROJ. 01.12 SON RENOVATION--ELECTRICAL	2002	645	32	20	32		80	26
27	PROJ 02.07 RELOCATE HOME HEALTH 24 PORT 4400 SWITC	2002	1,807	361	5	361		903	27
28	PROJ 02.07 RELOCATE HOME HEALTH RUN ELECTRICITY FO	2002	6,867	1,373	5	1,373		3,433	28
29	PROJ 02.07 RELOCATE HOME HEALTH EXIT LIGHTS, LIGHT	2002	1,437	144	10	144		360	29
30	PROJ 02.07 RELOCATE HOME HEALTH ELECTRICAL CONNEC	2002	2,247	112	20	112		281	30
31	PROJ 01.06 ACUTE CARE RENOVATION CARPET SURGERY W	2003	3,651	730	5	730		1,095	31
32	PROJ 01.06 ACUTE CARE RENOVATION BED STATION INTER	2003	1,025	103	10	103		154	32
33	PROJ 01.06 ACUTE CARE RENOVATION FIRE DETECTORS, A	2003	3,782	378	10	378		567	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,625,848	\$ 330,404		\$ 330,404	\$	\$ 8,520,057	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number    Graham Hospital

#    8000200

Report Period Beginning:

7/1/03

Ending:

6/30/04

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 11,625,848	\$ 330,404		\$ 330,404	\$	\$ 8,520,057	1
2	PROJ 01.06 ACUTE CARE RENOVATION WASTE DISPOSAL	2003	754	50	15	50		75	2
3	PROJ 02.13 PHARMACY SECURITY WINDOW COUNTER SH	2003	1,432	95	15	95		143	3
4	PROJ 02.13 PHARMACY SECURITY LOCKS, MATERIALS	2003	538	108	5	108		162	4
5	PROJ 02.13 PHARMACY SECURIT WINDOW PROF SERV RI	2003	1,102	73	15	73		110	5
6	PROJ 02.16 RADIOLOGY RENOVATION SHELVING	2003	1,697	113	15	113		170	6
7	PROJ 01.06 ACUTE CARE RENO WIRING/CABLE FOR NETV	2003	3,625	725	5	725		1,088	7
8	PROJ 01.06 ACUTE CARE RENO WALK IN COOLER	2003	2,393	160	15	160		240	8
9	PROJ 01.06 ACUTE CARE RENO FIBERGLASS SOUND CONT	2003	695	58	12	58		87	9
10	PROJ 01.06 ACUTE CARE RENO LAMINATE CASEWORK/C	2003	8,495	566	15	566		849	10
11	PROJ 01.06 ACUTE CARE RENO SPRINKLER SYSTEM W/TI	2003	859	34	25	34		51	11
12	RESURFACE, SEAL & STRIPE SOUTH PARKING LOT	2003	3,569	446	8	446		669	12
13	CONCRETE BETWEEN E. ENTRANCE AND LOADING DOCK	2003	467	31	15	31		47	13
14	HOUSE DEMOLITION 253 W. WALNUT	2003	2,395	240	10	240		360	14
15	HOUSE DEMOLITION 23 W. WALNUT	2003	3,310	331	10	331		496	15
16	HOUSE DEMOLITION 251 W. WALNUT	2003	5,770	577	10	577		866	16
17	01.07 MRI PROJECT LANDSCAPING	2003	479	96	5	96		144	17
18	PROJ 02.11 PAVE WEST PARKING LOT	2003	20,988	2,623	8	2,623		3,935	18
19	INFRARED DETECTORS FOR #2 ELEVATORS	2003	1,446	72	20	72		108	19
20	COMPRESSOR FOR 400 TON CHILLER	2003	3,194	213	15	213		319	20
21	HOIST ROPES FOR ELEVATOR 2	2003	1,439	72	20	72		108	21
22	NEW PIT CHANNELS AND BUFFERS FOR ELEVATOR 2	2003	1,273	64	20	64		96	22
23	PHONE SYSTEM SOFTWARE	2003	1,968	197	10	197		295	23
24	ELEVATOR 3 UPGRADE	2003	1,243	62	20	62		93	24
25	PAGING SYSTEM	2003	1,248	62	20	62		93	25
26	UPGRADE ELEVATORS 5 & 6	2003	64,842	3,242	20	3,242		4,863	26
27	ELEVATOR 3 UPGRADE	2003	2,763	138	20	138		207	27
28	ELEVATOR 2 UPGRADE	2003	460	23	20	23		35	28
29	PROJ 01.06 ACUTE CARE RENOVATION (26) VAV UCM'S SU	2003	505	25	20	25		38	29
30	PROJ 01.06 ACUTE CARE RENOVATION PIPE/INSULATION	2003	11,951	598	20	598		897	30
31	PROJ 01.06 ACUTE CARE RENOVATION ELECTRICAL/DUC	2003	13,501	675	20	675		1,013	31
32	PROJ 01.06 ACUTE CARE RENOVATION AUTOMATIC SPRI	2003	2,547	102	25	102		153	32
33	PROJ 02.01 225 TON A/C REPLACEMENT WATER METER	2003	627	63	10	63		94	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,793,423	\$ 342,338		\$ 342,338	\$	\$ 8,537,961	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 11,793,423	\$ 342,338		\$ 342,338	\$	\$ 8,537,961	1
2	PROJ 02.01 225 TON A/C REPLACEMENT 120V STARTER, K	2003	786	79	10	79		118	2
3	PROJ 02.01 225 TON A/C REPLACEMENT PROF SERV PHILI	2003	30,987	2,066	15	2,066		3,099	3
4	PROJ 02.01 225 TON A/C REPLACEMENT HVAC SYSTEM (C	2003	161,717	10,781	15	10,781		16,172	4
5	PROJ 02.01 225 TON A/C REPLACEMENT REPAIR PUMP	2003	874	87	10	87		131	5
6	PROJ 02.14 HOT WATER HEATER	2003	7,187	719	10	719		1,078	6
7	PROJ 02.16 RADIOLOGY RENOVATION AUTOMATIC SPRIN	2003	545	22	25	22		33	7
8	PROJ 01.06 ACUTE CARE RENO AIR BALANCING	2003	784	52	15	52		78	8
9	PROJ 01.06 ACUTE CARE RENO PHILLIPS HVAC STUDY	2003	1,925	128	15	128		192	9
10	PROJ 01.06 ACUTE CARE RENO HVAC/PLUMBING	2003	28,485	1,424	20	1,424		2,136	10
11	PROJ 01.06 ACUTE CARE RENO HOT WATER MAINS/DUCT	2003	36,409	1,456	25	1,456		2,184	11
12	PROJ 02.01 225 TON A/C REPLACE--SUPPLIES	2003	1,197	60	20	60		90	12
13	PROJ 02.01 225 TON A/C REPLACE REMOVE/INSTALL TANI	2003	3,637	146	25	146		219	13
14	PROJ 02.01 225 TON A/C REPLACE STARTER W/FACT MOD	2003	1,620	65	25	65		119	14
15	PROJ 04.02 AMERICAN LEGION PROPERTY-EXCAVATE, FI	2004	83,693	2,790	15	2,790		2,790	15
16	PROJ 02.12 FIRE/SECURITY SYS-INSTALLATION	2004	51,550	2,578	10	2,578		2,578	16
17	PROJ 02.12 FIRE/SECURITY SYS-OBERLANDER	2004	69,848	3,492	10	3,492		3,492	17
18	PROJ 02.12 FIRE/SECURITY SYS-ARCHITECT	2004	3,152	158	10	158		158	18
19	PROJ 02.12 FIRE/SECURITY SYS-MATERIALS	2004	433	22	10	22		22	19
20	PROJ 02.12 FIRE/SECURITY SYS-ASBESTOS ABATEMENT	2004	934	31	15	31		31	20
21	PROJ 02.12 FIRE/SECURITY SYS-CITY OF CANTON	2004	647	32	10	32		32	21
22	PROJ 02.12 FIRE/SECURITY SYS-FITTER LABOR	2004	1,141	38	15	38		38	22
23	PROJ 03.08 LAB RENO-LIGHT FIXTURES, BALLASTS, SUPP	2004	1,003	50	10	50		50	23
24	INSTALL 20 TON COMPRESSOR	2004	2,602	87	15	87		87	24
25	ELEVATOR UPGRADE	2004	20,695	517	20	517		517	25
26	A/C FOR PHONE ROOM	2004	3,702	123	15	123		123	26
27	HOT WATER PUMP	2004	807	27	15	27		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,309,783	\$ 369,368		\$ 369,368	\$	\$ 8,573,555	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 236,487	\$ 20,355	\$ 20,355	\$		\$ 117,346	71
72	Current Year Purchases	8,011	504	504			504	72
73	Fully Depreciated Assets	92,105					92,105	73
74								74
75	TOTALS	\$ 336,603	\$ 20,859	\$ 20,859	\$		\$ 209,955	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76				\$	\$	\$	\$		\$
77									
78									
79									
80	TOTALS			\$	\$	\$	\$		\$

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$	12,668,742
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	390,227
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	390,227
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	8,783,510

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease
- 

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$
- Description:

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,586,918	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	4,698,220		3
4	Supply Inventory (priced at cost using FIFO )	939,064		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	395,144		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 7,619,346	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	28,386,907		12
13	Land	2,710,667		13
14	Buildings, at Historical Cost	20,377,330		14
15	Leasehold Improvements, at Historical Cost	16,515,658		15
16	Equipment, at Historical Cost	18,579,475		16
17	Accumulated Depreciation (book methods)	(35,951,017)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	50,895		21
22	Other Long-Term Assets (specify):	1,166,113		22
23	Other(specify):	8,921,250		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 60,757,278	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 68,376,624	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 667,941	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Other Accrued Expenses</u>	3,429,897		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,097,838	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Est. Self Insurance Costs</u>	1,194,577		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,194,577	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,292,415	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 62,084,209	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 67,376,624	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 61,227,410	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 61,227,410	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,537,536	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	599,162	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) <b>Change in unreal loss on investments and chan</b>	1,195,135	15
16	Other (describe) <b>Increase in interest in perpetual trusts</b>	448,295	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 4,780,128	17
	B. Transfers (Itemize):		
18	<b>Transfer to Affiliate</b>	(3,923,329)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (3,923,329)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 62,084,209	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1			
	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 70,033,780	1
2	Discounts and Allowances for all Levels	(32,739,359)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 37,294,421	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	294,089	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	233,608	16
17	Sale of Drugs	317,833	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	530,545	19
20	Radiology and X-Ray		20
21	Other Medical Services	644,737	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,020,812	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions	57,335	24
25	Interest and Other Investment Income***	1,418,590	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,475,925	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>School of Nursing</u>	356,139	28
28a	<u>Kelley Home</u>	37,521	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 393,660	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 41,184,818	30

2			
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services		31
32	Health Care	29,670,806	32
33	General Administration	8,914,873	33
	<b>B. Capital Expense</b>		
34	Ownership		34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	<b>D. Other Expenses (specify):</b>		
37	<u>Loss on disposal of equipment</u>	61,603	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 38,647,282	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,537,536	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,537,536	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.



XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing			\$	\$	1
2	Assistant Director of Nursing					2
3	Registered Nurses					3
4	Licensed Practical Nurses					4
5	Nurse Aides & Orderlies					5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers					18
19	Laundry					19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)			\$ *	\$	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.





XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

NO
- (2)

Are there any dues to nursing home associations included on the cost report?

NO

If YES, give association name and amount.

N/A
- (3)

Did the nursing home make political contributions or payments to a political action organization?

NO

If YES, have these costs been properly adjusted out of the cost report?

N/A
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

NO

If YES, what is the capacity?

N/A
- (5)

Have you properly capitalized all major repairs and equipment purchases?

YES

What was the average life used for new equipment added during this period?

5-10 YRS
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ NONE

Line

N/A
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

YES

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

NO

If YES, give effective date of lease.

N/A
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$ 29,646

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

NO

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

N/A
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

N/A

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ NONE

Has any meal income been offset against related costs?

N/A

Indicate the amount.

\$ N/A
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

NO

If YES, attach a complete explanation.

N/A

b. Do you have a separate contract with the Department to provide medical transportation for residents?

N/A

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

N/A

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

N/A

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A
- (17)

Has an audit been performed by an independent certified public accounting firm?

YES

Firm Name:

BKD, LLP

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

YES

If no, please explain.

N/A
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

YES
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

N/A

Attach invoices and a summary of services for all architect and appraisal fees.